



medical supplies and surgical dressings payment policy

description of procedure/service

Medical supplies consist of items which are primarily and customarily used to serve a medical purpose; are ordered or prescribed by a provider; and are not useful to a person in the absence of illness or injury. Medical supplies cannot withstand repeated use and are usually disposable in nature. Surgical dressings are therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin.

policy

Fallon Community Health Plan reimburses for medical supplies and surgical dressings when they are determined to be medically necessary because they meet the medical criteria and guidelines shown below. Medical supplies and surgical dressings must have proven medical value and be appropriate for the treatment of the patient's condition.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

When medical supplies and surgical dressings are covered

Medical supplies and surgical dressings will be covered when all of the following criteria are met:

1. they are medically necessary; and
2. they are prescribed by a provider; and
3. they are appropriate for the treatment of the patient's condition; and
4. they are used primarily for the provider's supervised treatment of a medical illness or injury.

Coverage for medical supplies includes, but is not limited to, the following items:

- Ostomy supplies
- Urological supplies
- Diabetic supplies
- Sterile syringes, not related to diabetic supplies, when not otherwise covered by a pharmacy benefit or as explained in Appendix A.
- Surgical dressings

Surgical dressings are covered when either of the following criteria are met:

- They are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure; or
- They are medically necessary when debridement of a wound is medically necessary.

Surgical dressings include both primary dressings (for example, therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) and secondary dressings (for example, materials that serve a therapeutic or protective function and are needed to secure a primary dressing). For example, elastic bandages, adhesive tape, elastic roll gauze, and non-elastic roll gauze are covered when used as a secondary dressing to hold wound cover dressings in place; for coverage criteria, refer to Appendix A.

When medical supplies and surgical dressings are not covered:

- When they are items usually stocked in the home for general use
- When they are considered a routine part of the doctor's office visit. If a specialist applies a surgical dressing as part of a professional service, the surgical dressings are considered incidental to the professional service and are not reimbursed separate from the office visit.
- Examples of non-covered items include, but are not limited to the following:
 - adhesive bandages
 - lubricating jelly
 - thermometers
 - incontinence supplies
 - disposable underpads
 - cotton swabs
 - alcohol wipes
 - rubbing alcohol
 - iodine swipes
 - elastic support stockings, unless otherwise noted in Appendix A
 - support hose
 - garter belts
 - foot coverings
 - leotards
 - knee supports
 - gauntlets
 - pressure garments for the arms and hands, unless otherwise noted in Appendix A
 - elastic bandages when they are used over a wound cover with adhesive border or over a wound cover held in place by tape, elastic roll gauze, non-elastic roll gauze, or transparent film
 - elastic bandages when they are used for strains, sprains, edema, or situations other than as a secondary surgical dressing
- If medically necessary and available by prescription, some of the following items may be covered under the pharmacy benefit if ordered by a provider. Otherwise, they are considered non-covered as surgical dressing items:
 - syringes with needles
 - needle-free injection devices
 - urine test strips
 - skin sealants or barriers
 - wound cleansers or irrigating solutions
 - solutions used to moisten gauze (e.g., saline)
 - topical antiseptics
 - topical antibiotics

- enzymatic debriding agents
- medicinally impregnated gauze or other dressings used to cleanse or debride a wound but not left on the wound

Examples of situations in which dressings are non-covered under the surgical dressing benefit either in or out of the office are:

1. drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or
2. a Stage I pressure ulcer (defined as a non-blanchable erythema of intact skin); or
3. a first-degree burn; or
4. wounds caused by trauma which do not require surgical closure or debridement (for example, skin tears or abrasions); or
5. a venipuncture or arterial puncture site (for example, a blood sample) other than the site of an indwelling catheter or needle.

Usual maximum quantity of supplies:

FCHP follows the Centers for Medicare & Medicaid Services (CMS) guidelines for quantity limits, unless otherwise specifically indicated. See Appendix A for details.

preauthorization guidelines

Preauthorization is not required for medical supplies and/or surgical dressings. The vendor will submit a Letter of Medical Necessity (LMN) or a copy of the Waiver Letter provided to the member upon the request of Fallon Community Health Plan.

billing/coding guidelines

See Appendix A for details.

FCHP may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

place of service

This policy applies to medical supplies and surgical dressing provided in the:

- ambulatory or provider office
- in the home, when provided as part of a skilled home care service authorized by FCHP in an outpatient setting

references

TriCenturion, LLC at http://www.tricenturion.com/content/lmrp_current_dyn.cfm.

policy implementation

Policy number:	ADM0010
Origination:	12/10/03
Last review:	05/09/07
Next review:	05/09/08
Effective date:	12/10/03
Revision date(s):	04/14/04, 05/25/05, 06/07/06, 05/09/07

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

appendix A: billing/coding guideline & quantity limits

Supplies & dressings:

No more than one month's supply of dressing may be provided at one time, unless there is documentation to support the necessity of greater quantities in the home setting in an individual case. The quantities indicated are for a one-month supply.

Ostomy supplies:

Ostomy supplies are provided at a three-month supply for a patient at home.

Urological supplies:

Specific urological supplies are provided at either a one or three-month supply, as per the table that follows. Urinary catheters and external urinary collection devices are covered to drain or collect urine for a patient who has permanent urinary incontinence or permanent urinary retention. Permanent urinary retention is defined as retention that is not expected to be medically or surgically corrected in that patient within three months.

table 1: quantities covered per specific time periods

KEY: M = months; NA = not applicable; NC = not covered, NL = no limit and NSR = not separately reimbursed.

Unless otherwise noted, most items can be provided for a 3 month or 90-day supply.

code	brief description	No. per month or episode	No per 3 months (90-day supply)	No per 6 or 12 month (as noted)	comments
A4206	SYRINGE W/NEEDLE, STERILE 1 CC EA	NSR	NSR	NSR	Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy.
A4207	SYRINGE W/NEEDLE, STERILE 2 CC EA	NSR	NSR	NSR	Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy.
A4208	SYRINGE W/NEEDLE, STERILE 3 CC EA	NSR	NSR	NSR	Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a prescription and are dispensed at a pharmacy.
A4209	SYRINGE W/NEEDLE, STERILE 5 CC EA	NSR	NSR	NSR	Syringes w/needles are incident to physician's services and not separately reimbursed; when provided to a plan member, syringes w/needles require a

					prescription and are dispensed at a pharmacy.
A4210	NEEDLE FREE INJECTION DEVICE EA	NSR	NSR	NSR	Needle free injection devices are incident to physician's services and not separately reimbursed; when provided to a plan member, needle free injection devices require a prescription and are dispensed at a pharmacy.
A4211	SUPPLIES FOR SELF ADMN INJECTION	NSR	NSR	NSR	Supplies for needle free injection devices are incident to physician's services and not separately reimbursed; when provided to a plan member, supplies for needle free injection devices require a prescription and are dispensed at a pharmacy.
A4212	NON CORING NEEDLE; IE HUBER, EA	30	90	N/A	
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EA	NSR	NSR	NSR	
A4215	NEEDLES ONLY, STERILE, ANY SIZE	NSR	NSR	NSR	
A4216	STERILE WATER, SALINE AND/OR DEXTROSE (DILUENT), 10 ML	60	180	N/A	Covered when a concentrated form of an inhalation drug is dispensed; not covered when unit dose form of drug is dispensed.
A4217	STERILE WATER OR SALINE 500 ML EA	ICB	ICB	N/A	Covered with AU modifier (urological, ostomy and tracheostomy supplies) or when a large volume nebulizer (A7007, A7017) is medically necessary
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	60	180	N/A	Covered when a concentrated form of an inhalation drug is dispensed; not covered when unit dose form of drug is dispensed.
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	NSR	NSR	NSR	Refill Kit is bundled into the refill and maintenance codes: 95990, 95991, 96530
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATH PER WEEK	4	12	N/A	Code A4221 includes dressings for the catheter site and flush solutions not directly related to drug infusion. The catheter site may be a peripheral intravenous line, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or a subcutaneous port, or an epidural catheter. Code A4221 also includes all cannulas, needles, dressings and infusion supplies (excluding the insulin reservoir) related to continuous subcutaneous insulin infusion via external insulin infusion pump (E0784) and the infusion sets and dressings

					related to subcutaneous immune globulin administration. Billing for more than 1 unit of service per week is incorrect use of the code and will be denied accordingly.
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG	ICB	ICB	N/A	For intermittent infusion, one cassette or bag is covered with each dose of drug. For continuous infusion, the concentration of drug and the size of the cassette or bag should be maximized to result in the fewest cassettes or bags.
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	NSR	NSR	NSR	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE	NSR	NSR	NSR	Supplies for insulin pumps should be billed using codes A4221. Codes A4230 and A4231 are not covered because they are included in A4221.
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	NSR	NSR	NSR	Supplies for insulin pumps should be billed using codes A4221. Codes A4230 and A4231 are not covered because they are included in A4221.
A4232	SYRINGE W/NEEDLE FOR EXT INS PUMP 3CC EA	NSR	NSR	NSR	
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	1	3	N/A	
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	1	3	N/A	
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR, EACH	1	3	N/A	
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY	1	3	N/A	

	PATIENT, EACH				
A4244	ALCOHOL OR PEROXIDE, PER PINT	NSR	NSR	NSR	
A4245	ALCOHOL WIPES, PER BOX	NSR	NSR	NSR	
A4246	BETADINE OR PHISOHEX SOLUTN,PT	NSR	NSR	NSR	
A4247	BETADINE OR IODINE SWABS PER BOX	NSR	NSR	NSR	
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	NSR	NSR	NSR	
A4250	URINE TEST/REAGENT STRIPS/TAB (100)	N/C	N/C	N/C	When provided to a plan member, urine test strips require a prescription and are dispensed at a pharmacy.
A4253	BLOOD GLUCOSE REAGENT STRIPS (50'S)	2	6	N/A	
A4255	PLATFORMS U/W BLOOD GLUCOMETER;50 PER BX	2	6	N/A	
A4256	LOW CALIBRATOR SOLUTION /CHIPS	2	6	N/A	
A4257	REPLACEMENT LENS SHIELD CARTRIDGE, LASER SKIN PIERCING DEVICE	N/C	N/C	N/C	
A4258	SPRING POWERED DEVICE FOR LANCETS, EA	N/A	N/A	1 per 6 M	
A4259	LANCETS, PER BOX (100'S)	1	3	N/A	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	ICB	ICB	N/A	Not covered for Fallon Senior Plan
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	ICB	ICB	N/A	
A4263	PERMANENT, LONG-TERM, NONDISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	ICB	ICB	N/A	
A4265	PARAFFIN, PER POUND	5	15	N/A	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	ICB	ICB	N/A	Not covered for Fallon Senior Plan
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	N/C	N/C	N/C	
A4268	CONTRACEPTIVE SUPPLY, CONDOM,	N/C	N/C	N/C	

	FEMALE, EACH				
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	N/C	N/C	N/C	
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	NSR	NSR	NSR	
A4280	SKIN SUPPORT ATTACHMENT EACH	ICB	ICB	N/A	
A4281	TUBING FOR BREAST PUMP	ICB	ICB	N/A	
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	ICB	ICB	N/A	
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	ICB	ICB	N/A	
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	ICB	ICB	N/A	
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	ICB	ICB	N/A	
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	ICB	ICB	N/A	
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	ICB	ICB	N/A	
A4300	IMPLANTABLE ACCESS CATHETER (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS	ICB	ICB	N/A	
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, OR PERITONEAL, ETC.)	ICB	ICB	N/A	
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	ICB	ICB	N/A	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS	ICB	ICB	N/A	

	PER HOUR				
A4310	INSERT TRAY W/O DRN BAG & W/O CATHETER	1	3	N/A	
A4311	INSERT. TRAY W/O DRNBAG W/INDW FOLEY COAT	1	3	N/A	
A4312	INSERT TRAY W/O DRN BAG,W/CATH(ALL SIL)	1	3	N/A	
A4313	INSERT TRAY W/BAG W/3-WAY FOLEY FOR IRRG	1	3	N/A	
A4314	INSERT TRAY W/DRN BAG,W/FOLEY CATH-COAT	1	3	N/A	
A4315	INSERT TRAY W/DRN BAG,W/CATH(ALL SILIC)	1	3	N/A	
A4316	INSERT TRAY W/DRN BAG, W/3-WAY CATHETER	1	3	N/A	
A4320	IRRIGATION TRAY W/BULB OR PISTON SYRINGE	ICB	ICB	N/A	
A4321	THERAPEUTIC AGNT FOR URINARY CATH IRG	N/C	N/C	N/C	
A4322	IRRIG SYRINGE, BULB OR PISTON	ICB	ICB	N/A	
A4326	MALE EXT CATH (SPEC TYPE INFLAT,FACEPLT)	35	105	N/A	
A4327	FEMALE EXT URINARY COLL DEVICE;METAL CUP	4	12	N/A	
A4328	FEMALE URINARY COLLECTION POUCH (EA)	30	90	N/A	
A4330	PERIANAL FECAL POUCH W/ADH,EA	30	90	N/A	
A4331	EXTENSION DRAINAGE TUBING W/ADPT U/W PCH/LEG BAG	1	3	N/A	A4331 is covered for use with a latex urinary leg bag (A5112) only. It is included in the allowance for codes A4314, A4315, A4316, A4354, A4357, A4358 and A5105 and should not be billed separately with these codes.
A4332	LUBRICANT ST PACKET, FOR INSERTN OF CATH	NSR	NSR	NSR	Sterile lubricant is not medically necessary for non-sterile intermittent catheterization, use A4402 (KY Jelly Lubricant, per oz.) instead. For Sterile intermittent catheterization, use A4353, which includes lubricant.
A4333	URINARY CATH	12	36	N/A	

	ANCHORING DVCE,ADH SKN ATTCH				
A4334	URINARY CATH ANCHORING DVCE, LEG STRAP	1	3	N/A	
A4335	INCONTINENCE SUPPLIES, MISC	N/C	N/C	N/C	
A4338	INDWELL CATH, FOLEY, 2-WAY, LATEX W/COAT	1	3	N/A	
A4340	INDWELL CATH:SPEC TYPE(COUDE,MUSH.,WIN G)	1	3	N/A	
A4344	INDWELLING CATH, FOLEY, 2-WAY, ALL SILIC	1	3	N/A	
A4346	INDWELL CATH, FOLEY, 3-WAY, LATX/TEFL	1	3	N/A	
A4351	INTERMITTENT URINARY,STRAIGHT TIP CATH	4	12	N/A	When non-sterile intermittent catheterization is used, one intermittent catheter is covered per week. When sterile intermittent catheterization is necessary, use A4353, which includes catheter, lubricant, gloves, etc.
A4352	INTERMITTENT URINARY CATH, COUDE TIP, EA	4	12	N/A	When non-sterile intermittent catheterization is necessary, one intermittent catheter is covered per week. When sterile intermittent catheterization is necessary, use A4353, which includes catheter, lubricant, gloves, etc.
A4353	INTERMITTENT URINARY CATH W/INSERTN SUPP	ICB	ICB	N/A	For sterile intermittent catheterization, one per catheterization, requires documentation of medical necessity and quantity requirements.
A4354	CATH INSERT TRAY, W/O CATH, W/TUBE & BAG	1	3	N/A	
A4355	3-WAY IRRIGATION SET FOR CATHETER	30	90	N/A	
A4356	INCONTINENCE CLAMP	1	1	N/A	
A4357	URINARY DRAINAGE BAG W OR W/O TUBE, EA	2	6	N/A	
A4358	URINARY LEG/ABDM BAG VNYL W/-W/O TUBE EA	2	6	N/A	
A4361	OSTOMY FACEPLATE	N/A	N/A	3 per 6 M	
A4362	SKIN BARRIER; SOLID 4X4 OR EQUIV, EA	20	60	N/A	
A4364	OSTOMY SKIN BOND OR	4	12	N/A	

	CEMENT (SPRAY,BRUSH)				
A4365	OSTOMY ADHESIVE REMOVER WIPES,50 PER BOX –	1	3	N/A	
A4366	OSTOMY VENT ANY TYPE	10	30	N/A	A4366 is an ostomy vent that can be added by the patient to a pouch to allow the release of gas. This code should not be used with ostomy pouches with a filter incorporated in the pouch (A4416-A4419, A4423-A4425, A4427).
A4367	OSTOMY BELT	1	3	N/A	
A4368	OSTOMY FILTER, ANY TYPE, EACH	30	90	N/A	Codes for pouches with filters (e.g., A4416) describe pouches that have an opening which allows venting of trapped gas. They typically include materials such as charcoal to deodorize the vented gas. Code A4368 describes replacement filter material.
A4369	SKIN BARRIER;LIQUID (SPRAY, BRUSH PER OZ)	2	6	N/A	
A4371	SKIN BARRIER; POWDER PER OZ	2	6	N/A	
A4372	SKN BARRIER,4X4 STNDRD WEAR W/CNVXTY,EA	20	60	N/A	
A4373	SKN BARRIER STNDRD WEAR W/FLNG/CNVXTY,EA	20	60	N/A	
A4375	POUCH,DRN W/FACEPLATE ATTCHD PLASTIC, EA	20	60	N/A	
A4376	POUCH,DRN W/FACEPLATE ATTCHD RUBBER ,EA	20	60	N/A	
A4377	POUCH,DRN FOR USE ON FACEPLATE PLASTC,EA	10	30	N/A	
A4378	POUCH,DRN FOR USE ON FACEPLTE RUBBER,EA	20	60	N/A	
A4379	POUCH,URINARY W/FCPLTE ATTCHD PLASTIC EA	20	60	N/A	
A4380	POUCH,URINARY W/FCPLTE ATTCHD RUBBER, EA	20	60	N/A	
A4381	POUCH,URINARY FOR USE ON FCPLTE PLSTC,EA	10	30	N/A	

A4382	POUCH,URINARY USE ON FCPLTE HVY PLSTC,EA	20	60	N/A	
A4383	POUCH,URINARY USE ON FCPLTE RUBBER, EACH	20	60	N/A	
A4384	OSTOMY FCPLTE EQUIVALNT SILICONE RING,EA	10	30	N/A	
A4385	SKN BAR 4X4 OR EQUIV,EXTND WEAR W/O CNVX	20	60	N/A	
A4387	POUCH, CLOSED W/STNDRD WEAR BAR&CNVX 1PC	60	180	N/A	
A4388	POUCH,DRN W/EXTND WEAR BAR W/O CNVXTY1PC	20	60	N/A	
A4389	POUCH,DRN W/STN WEAR BAR W/CNVXTY 1PC	20	60	N/A	
A4390	POUCH,DRN W/EXTND WEAR BAR & CNVXTY,1PC	20	60	N/A	
A4391	POUCH,URNRY W/EXT WEAR BAR W/O CNVX, 1PC	20	60	N/A	
A4392	POUCH,URINARY W/STND WEAR BAR&CNVXTY,1PC	20	60	N/A	
A4393	POUCH,URINARY W/EXT WEAR BAR&CNVXTY, 1PC	20	60	N/A	
A4394	OSTOMY DEODORANT U/IN PCH,LIQUID PER OZ	8 oz.	24 oz.	N/A	
A4395	OSTOMY DEODORANT U/IN POUCH,SOLID PR TAB	30	90	N/A	
A4396	PERISTOMAL HERNIA SUPPORT BELT	1	3	N/A	
A4397	IRRIGATION SUPPLY; SLEEVE, EA	4	12	N/A	
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	N/A	N/A	2 per 6 M	
A4399	OSTOMY IRRIGATION SUPPLY; CONE,CATH,BRSH	N/A	N/A	2 per 6 M	
A4400	IRRIGATION SET FOR OSTOMY USE	N/C	N/C	N/C	

A4402	KY JELLY LUBRICANT PER OUNCE	8 oz.	24 oz.	N/A	
A4404	OSTOMY RINGS	10	30	N/A	
A4405	SKIN BARRIER PASTE NON-PECTIN BASED OZ	4	12	N/A	
A4406	SKIN BARRIER PASTE PECTIN BASED PER OZ	4	12	N/A	
A4407	SKN BAR W/FLNGE W/CNVXTY;EXTNDED WEAR EA	20	60	N/A	
A4408	SKN BAR W/FLG &CNVX EXT WEAR 5X5 EA IC	20	60	N/A	
A4409	SKN BAR W/FLNG EXTND WEAR W/O CNVXTY,EA	20	60	N/A	
A4410	SKN BAR W/FLG EXT WEAR W/O CONVX 5X5 EA	20	60	N/A	
A4411	SKN BAR, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	20	60	N/A	
A4412	POUCH, DRNBLE; HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2-PIECE SYSTEM), WITHOUT FILTER, EACH	20	60	N/A	
A4413	POUCH,DRN HIGH OUTPUT U/W FLG 2PC W/FLTR	20	60	N/A	
A4414	SKIN BARRIER W/FLNG 4X4 SOL,FLEX,ACCORD	20	60	N/A	
A4415	SKIN BARRIER W/FLNG 4X4 SOL,FLX, ACCOR	20	60	N/A	
A4416	POUCH CLOSED W/FILTER & BARRIER 1PC EA	60	180	N/A	
A4417	POUCH CLOSED W/FILTER & CONVEX BARR 1PC	60	180	N/A	
A4418	POUCH CLOSED W/FILTER W/O BARRIER 1PC EA	60	180	N/A	
A4419	PCH CLOSED W/FLTR USE ON BARR W/LOCK FLNG 2PC	60	180	N/A	
A4420	POUCH CLOSED USE ON BARR W/LOCK FLNG 2PC	60	180	N/A	
A4421	OSTOMY SUPPLY, MISCELLANEOUS	N/C	N/C	N/C	

A4422	ABSORBENT SHEET/PAD/CRYSTAL TO THICKEN	120	360	N/A	
A4423	PCH CLOSED W/FLTR USE ON BARR W/LCK FLNG	60	180	N/A	
A4424	POUCH DRAINABLE W/BARRIER & FILTER 1PC	20	60	N/A	
A4425	PCH DRAIN W/FLTR USE ON BARR W/FLNG 2PC	20	60	N/A	
A4426	POUCH DRAIN USE ON BARRIER W/LCK FLG 2PC	20	60	N/A	
A4427	PCH DRAIN W/FLTR USE ON BAR W/LCK FLG 2P	20	60	N/A	
A4428	PCH URINARY W/EXT BARR & FAUCET TAP VALV	20	60	N/A	
A4429	PCH URINARY W/CONVX BARR & FAUCET TVALVE	20	60	N/A	
A4430	PCH URINARY W/EXT BAR,CONVX,FAUCET VALVE	20	60	N/A	
A4431	POUCH URINARY W/BARRIER & FAUCET VALVE	20	60	N/A	
A4432	PCH URINARY W/FAUCET USE ON BAR W/FLG2PC	20	60	N/A	
A4433	PCH URINARY USE ON BAR W/LOCK FLNG 2PC	20	60	N/A	
A4434	PCH URIN W/FAUCET USE ON BARR W/LCK FLNG	20	60	N/A	
A4450	TAPE NON-WATERPROOF ALL SIZE PER 18SQ IN	40	120	N/A	CV w/ AW modifier for wound care; or with AU modifier for ostomy, urostomy and tracheostomy supplies; otherwise N/C.
A4452	TAPE, WATERPROOF ALL SIZES PER 18 SQ IN	40	120	N/A	CV w/ AW modifier for wound care; or with AU modifier for ostomy, urostomy and tracheostomy supplies; otherwise N/C.
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE,ETC) PER OZ	N/A	N/A	16 OZ PER 6 M	Only CV for ostomy supplies with AU modifier, N/C for urological use.
A4458	ENEMA BAG W/ TUBING, REUSABLE	N/C	N/C	N/C	
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EA	NSR	NSR	NSR	
A4463	SURGICAL DRESSING	2	6	N/A	

	HOLDER, REUSABLE, EA				
A4465	NONELASTIC BINDER FOR EXTREMITY	N/C	N/C	N/C	
A4470	GRAVICE JET WASHER	N/C	N/C	N/C	
A4480	VABRA ASPIRATOR	N/C	N/C	N/C	
A4481	TRACHEOSTOMA FILTER, ANY TYPE OR SIZE,EA	30	90	N/A	
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	NSR	NSR	NSR	Used with ventilator, included in rental
A4490	SURGICAL STOCKINGS,ABVE KNEE,EA	N/C	N/C	N/C	
A4495	SURGICAL STCKNGS,THIGH LNGTH,EA	N/C	N/C	N/C	
A4500	SURGICAL STCKNGS,KNEE LNGTH,EA	N/C	N/C	N/C	
A4510	SURGICAL STCKNGS FULL LNGTH,EA	N/C	N/C	N/C	
A4534	YOUTH SIZED INCONTINENCE PRODUCT, BRIEF, EA	N/C	N/C	N/C	
A4550	SURGICAL TRAYS	NSR	NSR	NSR	
A4554	DISPOSABLE UNDERPADS,(IE;CHUX), EACH	N/C	N/C	N/C	
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR –	NSR	NSR	NSR	
A4557	LEAD WIRES, PER PAIR	N/A	N/A	2 pair per 12 M	Covered for replacement of lead wires for covered TENS unit. 1 pair per 12 months for a 2-lead TENS unit; 2 pair per 12 months for a 4-lead TENS unit. Not covered when used with apnea monitor.
A4558	CONDUCTIVE GEL OR PASTE, EACH	NSR	NSR	NSR	
A4559	COUPLING GEL OR PASTE FOR USE WITH ULTRASOUND DEVICE, PER OZ.	NSR	NSR	NSR	Coupling gel is included with device
A4561	PESSARY, RUBBER, ANY TYPE	ICB	ICB	ICB	
A4562	PESSARY, NON-RUBBER, ANY TYPE	ICB	ICB	ICB	

A4565	SLINGS	NSR	NSR	NSR	
A4570	SPLINT	NSR	NSR	NSR	
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	N/C	N/C	N/C	
A4580	CAST SUPPLIES (E.G., PLASTER)	NSR	NSR	NSR	
A4590	SPECIAL CASTING MATERIAL (E.G., FIBERGLASS)	NSR	NSR	NSR	
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH (E.G., TENS, NMES)	2	6	N/A	A4595 is a supply allowance which includes electrodes, conductive paste, tape or other adhesive, adhesive remover, batteries and battery charger. During the rental of a TENS unit, all supplies for the unit are included in the rental and A4595 is not covered. If a 2-lead TENS unit is purchased, a maximum of one unit of code A4595 is allowed per month, if a 4-lead TENS unit is purchased, a maximum of 2 units per month are allowed.
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT	N/C	N/C	N/C	For use with intermittent limb compression device E 0676 which is not covered
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	N/C	N/C	N/C	For use with intermittent limb compression device E 0676 which is not covered
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	1	N/A	Reimbursable only when used with E0470 or E0601
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	1	N/A	N/A	A4605 is connected to the ventilator and left in place for intermittent suctioning.
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	1	N/A	N/A	Covered for patient owned pulse oximeter (E0445) only
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	NSR	NSR	NSR	All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only.
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	N/A	N/A	1 per 12 M	

A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	N/A	N/A	1 per 12 M	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	N/A	N/A	1 per 12 M	
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	1	3	N/A	
A4615	NASAL CANNULA, EACH	NSR	NSR	NSR	All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only.
A4616	TUBING (OXYGEN), PER FOOT	NSR	NSR	NSR	All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only.
A4617	MOUTHPIECE	NSR	NSR	NSR	All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only.
A4618	BREATHING CIRCUITS; EACH	NSR	NSR	NSR	A4618 describes a breathing circuit used with ventilator code E0450. E0450 is rental which includes accessories.
A4619	FACE TENT	1	3	NC	Not covered when used with rented oxygen systems (see A4608); one per month covered when used with E0565, compressor or E 0585, nebulizer.
A4620	VARIABLE CONCENTRATION MASK	NSR	NSR	NSR	All oxygen accessories, including transtracheal catheters are included in the allowance for rented oxygen systems. (Effective 6/1/89 - Oxygen systems cannot be purchased). Covered for pt. owned oxygen system purchased prior to 6/1/89 only.
A4623	TRACH, INNER CANNULA	30	90	N/A	
A4624	TRACHEAL SUCTION CATH, EA	90	270	N/A	For tracheal suctioning only: ICD-9 of V44.0 or V55.0
A4625	TRACH CARE KIT FOR NEW TRACH	14	14	N/A	Allowed for the first 2 weeks post-op for a new trach. After 2 weeks, A4629 used

					when providing trach care
A4626	TRACH CLEANING BRUSH, EACH	10	30	N/A	
A4627	SPACER,BAG OR RESERVIOR,W/OR W/O MASK	N/A	N/A	1 per 12 M	
A4628	OROPHARYNGEAL SUCTION CATH, EACH	12	36	N/A	
A4629	TRACHEOSTOMY CARE KIT FOR ESTBLSD TRACH	30	90	N/A	Used when providing trach care > 2 wks post-op
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	N/C	N/C	N/C	Replacement batteries for pt. owned TENS unit are included in A4595 - TENS supply allowance
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	N/A	N/A	1 per 12 M	Covered for pt. owned ultraviolet light therapy system (E 0691-E0694).
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	NC	NC	1 per 12 M	Used with pt. owned E0203 therapeutic light box
A4635	UNDERARM PAD,CRUTCH,REPLACEMENT, EACH	ICB	ICB	ICB	
A4636	REPLACEMENT HANDGRIP,CANE,CRUTCH,WLKR,EA	ICB	ICB	ICB	
A4637	REPLACEMENT TIP,CANE,CRUTCH,WALKER, EACH	ICB	ICB	ICB	
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	N/A	N/A	1 per 12 M	
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM	N/C	N/C	N/C	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	N/A	N/A	1 per 12 M	
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	ICB	ICB	ICB	
A4642	INDIUM In-111	ICB	ICB	ICB	

	SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE				
A4649	SURGICAL SUPPLY, MISCELLANEOUS	N/C	N/C	N/C	
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	NSR	NSR	NSR	
A4652	MICROCAPILLARY TUBE SEALANT	NSR	NSR	NSR	
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	NSR	NSR	NSR	
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	NSR	NSR	NSR	
A4660	SPHYGMOMANOMETER/ BLOOD PRESSURE APPARTUS WITH CUFF AND STETHOSCOPE	NSR	NSR	NSR	
A4663	BLOOD PRESSURE CUFF ONLY	NSR	NSR	NSR	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR FOR DIALYSIS	NSR	NSR	NSR	
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	NSR	NSR	NSR	
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	NSR	NSR	NSR	
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	NSR	NSR	NSR	
A4674	CHEMICALS/ANTISEPTIC S SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ.	NSR	NSR	NSR	
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	NSR	NSR	NSR	
A4690	DIALYZER (ARTIFICIAL KIDNEY), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	NSR	NSR	NSR	
A4706	BICARBONATE CONCENTRATE,	NSR	NSR	NSR	

	SOLUTION, FOR HEMODIALYSIS, PER GALLON				
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	NSR	NSR	NSR	
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	NSR	NSR	NSR	
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	NSR	NSR	NSR	
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON	NSR	NSR	NSR	
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249 CC, BUT LESS THAN OR EQUAL TO 999 CC, FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999 CC, BUT LESS THAN OR EQUAL TO 1999 CC, FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999 CC, BUT LESS THAN OR EQUAL TO 2999 CC, FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID	NSR	NSR	NSR	

	VOLUME GREATER THAN 2999 CC, BUT LESS THAN OR EQUAL TO 3999 CC, FOR PERITONEAL DIALYSIS				
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999 CC, BUT LESS THAN OR EQUAL TO 4999 CC, FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999 CC, BUT LESS THAN OR EQUAL TO 5999 CC, FOR PERITONEAL DIALYSIS	NSR	NSR	NSR	
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DESTROSE, FLUID VOLUME GREATER THAN 5999 CC	NSR	NSR	NSR	
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	NSR	NSR	NSR	
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	NSR	NSR	NSR	
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	NSR	NSR	NSR	
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	NSR	NSR	NSR	
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE	NSR	NSR	NSR	
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH	NSR	NSR	NSR	
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	NSR	NSR	NSR	
A4760	DIALYSATE SOLUTION TEST KIT, FOR	NSR	NSR	NSR	

	PERITONEAL DIALYSIS, ANY TYPE, EACH				
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	NSR	NSR	NSR	
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER10 ML	NSR	NSR	NSR	
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	NSR	NSR	NSR	
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	NSR	NSR	NSR	
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50	NSR	NSR	NSR	
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	NSR	NSR	NSR	
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	NSR	NSR	NSR	
A4913	MISC DIALYSIS SUPPLIES	N/C	N/C	N/C	
A4927	GLOVES, NON-STERILE, PER 100	NSR	NSR	NSR	
A4928	SURGICAL MASK, PER 20	NSR	NSR	NSR	
A4929	TOURNIQUET FOR DIALYSIS, EA	NSR	NSR	NSR	
A4930	GLOVES, STERILE, PER PAIR	NSR	NSR	NSR	
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EA	NSR	NSR	NSR	
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EA	NSR	NSR	NSR	
A5051	OSTOMY POUCH CLOSED, W/BARRIER ATTACHED (1PC)	60	180	N/A	
A5052	OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED (1PC)	60	180	N/A	
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	60	180	N/A	
A5054	OSTOMY POUCH, CLOSED; USE ON BARR	60	180	N/A	

	W/FLG (2PC)				
A5055	STOMA CAP	30	90	N/A	
A5061	OSTOMY POUCH; DRAINABLE W/BARRIER ATTACHED 1PC	20	60	N/A	
A5062	OSTOMY POUCH, DRAINABLE; W/O BARRIER ATTCH 1PC	20	60	N/A	
A5063	OSTOMY POUCH, DRNBLE; USE ON BARR W/FLG (2PC)	20	60	N/A	
A5071	OSTOMY POUCH, URINARY WITH BARRIER (1PC) EACH	20	60	N/A	
A5072	OSTOMY POUCH, URINARY; USE W/O BARRIER (1PC)	20	60	N/A	
A5073	OSTOMY POUCH, URINARY; USE W/BARR & FLG (2PC)	20	60	N/A	
A5081	CONTINENT DEVICE; PLUG FOR CONT STOMA	30	90	N/A	
A5082	CONTINENT DEVICE; CATH FOR CONT STOMA	1	3	N/A	
A5093	OSTOMY ACCESSORY; CONVEX INSERT	10	30	N/A	
A5102	BEDSDE DRN BTL W/W/O TUBE RIGID/EXPANDBL	N/A	N/A	2 per 6 M	
A5105	URIN SUSP; W/LEG BAG, W OR W/O TUBING	1	3	N/A	
A5112	URINARY LEG BAG; LATEX	1	3	N/A	
A5113	LEG STRAP; LATEX PER SET	1	3	N/A	
A5114	LEG STRAP; FOAM OR FABRIC, PER SET	1	3	N/A	
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	30	90	N/A	
A5121	SKIN BARRIER; SOLID, 6X6 OR EQUIV, EACH	20	60	N/A	
A5122	SKIN BARRIER; SOLID, 8X8 OR EQUIV, EACH	20	60	N/A	
A5126	ADHESIVE OR NON- ADHESIVE; DISC OR FOAM PAD, EACH	10	30	N/A	
A5131	APPLIANCE CLEANER, INCONTINENCE & OSTOMY APPLIANCES,	1	3	N/A	

	PER 16oz				
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	12	36	N/A	
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERTS(S), PER SHOE	N/A	N/A	1 pair per 12 M	1 pair of A5500 or A5501 (only if patient cannot wear depth-inlay shoes because of foot deformity) is covered per year;
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (SUCTION MOLDED SHOE), PER SHOE	N/A	N/A	1 pair per 12 M	1 pair of A5500 or A5501 (only if patient cannot wear depth-inlay shoes because of foot deformity) is covered per year.
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	N/A	N/A	1 pair per 12 M	
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH WEDGE(S), PER SHOE	N/A	N/A	1 pair per 12 M	
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH METATARSAL BAR, PER SHOE	N/A	N/A	1 pair per 12 M	
A5506	FOR DIABETICS ONLY, MODIFICATION	N/A	N/A	1 pair per 12	

	(INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE			M	
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	N/A	N/A	1 pair per 12 M	
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	N/C	N/C	N/C	
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE	N/C	N/C	N/C	
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, PREFABRICATED, EACH	N/A	N/A	3 pair per 12 M	Inserts for A5500
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM FABRICATED, EACH	N/A	N/A	2 pair per 12 M	Inserts for A5501
A6000	NON-CONTACT WOUND WARMING WOUND COVER	N/C	N/C	N/C	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	ICB	ICB	ICB	Quantity limited to amount required for one dressing change per day
A6011	COLLAGEN DRESSING WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	ICB	ICB	ICB	Quantity limited to amount required for one dressing change per day
A6021	COLLAGEN DRESSING	30	90	N/A	

	PAD SIZE 16 SQ. IN. OR LESS, EACH				
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH EACH PAD	30	90	N/A	
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	30	90	N/A	
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 IN.	60	180	N/A	
A6025	SILICONE GEL SHEET, EA	N/C	N/C	N/C	
A6154	WOUND POUCH, EACH	12	36	N/A	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	30	90	N/A	
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	30	90	N/A	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ., EACH DRESSING	30	90	N/A	
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.	60	180	N/A	
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	

A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	4	12	N/A	
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	4	12	N/A	
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	4	12	N/A	
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	12	36	N/A	

	BORDER, EACH DRESSING				
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	ICB	ICB	N/A	Quantity limited to amount required for one dressing change per day
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	90	270	N/A	
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90	270	N/A	
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90	270	N/A	
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	30	90	N/A	

A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	30	90	NA	
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	30	90	NA	
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	NA	
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	NA	
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 S. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	NA	
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	N/C	N/C	N/C	
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT	N/C	N/C	N/C	

	ADHESIVE BORDER, EACH DRESSING				
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	N/C	N/C	N/C	
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	30	90	N/A	
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	30	90	N/A	
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	30	90	N/A	
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. , WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER,	12	36	N/A	

	EACH				
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.	12	36	N/A	
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	ICB	ICB	N/A	Quantity limited to amount required for one dressing change per day
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	N/A	
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	N/A	
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	N/A	
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH	12	36	N/A	
A6246	HYDROGEL DRESSING,	12	36	N/A	

	WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	12	36	N/A	
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	3	9	N/A	
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	N/C	N/C	N/C	
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	N/A	
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	N/A	
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	30	90	N/A	
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15	45	N/A	
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT	15	45	N/A	

	LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15	45	N/A	
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	12	36	N/A	
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	12	36	N/A	
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	12	36	N/A	
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	N/C	N/C	N/C	
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OZ., NOT ELSEWHERE CLASSIFIED	30	90	N/A	
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	ICB	ICB	N/A	Quantity limited to amount required for one dressing change per day
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH, PER LINEAR YARD	60	180	N/A	
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	90	270	N/A	
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90	270	N/A	
A6404	GAUZE, NON-	90	270	N/A	

	IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO TWO IN. IN WIDTH, PER LINEAR YARD	60	180	N/A	
A6410	EYE PAD, STERILE, EA	5	15	N/A	
A6411	EYE PAD, NON-STERILE, EA	5	15	N/A	
A6412	EYE PATCH, OCCLUSIVE, EA	N/C	N/C	N/C	
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD	60	180	N/A	
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN 3 IN., PER YARD	60	180	N/A	
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD	60	180	N/A	
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD	60	180	N/A	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN 3 IN., PER YARD	60	180	N/A	
A6446	CONFORMING	60	180	N/A	

	BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD				
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD	60	180	N/A	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN 3 IN., PER YARD	8	24	N/A	Only CV as a dressing for a wound
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD	8	24	N/A	Only CV as a dressing for a wound
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD	8	24	N/A	Only CV as a dressing for a wound
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN AND LESS THAN 5 IN., PER YARD	8	24	N/A	Only CV as a dressing for a wound
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD	8	24	N/A	Only CV as a dressing for a wound
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-	8	24	N/A	

	WOVEN, WIDTH LESS THAN 3 IN., PER YARD				
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD	8	24	N/A	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD	8	24	N/A	
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 IN. AND LESS THAN 5 IN., PER YARD	8	24	N/A	
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	8	24	N/A	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	N/A	N/A	6 PER 12 M	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	N/A	N/A	6 PER 12 M	
A6506	COMPRESSION BURN GARMENT, GLOVE TO	N/A	N/A	6 PER 12 M	

	AXILLA, CUSTOM FABRICATED				
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	N/A	N/A	6 PER 12 M	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	N/A	N/A	6 PER 12 M	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	N/A	N/A	3 PER 12 M	
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	N/A	N/A	3 PER 12 M	
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30MMHG, EA	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40MMHG, EA	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50MMHG, EA	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6533	GRADIENT COMPRESSION STOCKING, THIGH LNG, 18-30MMHG, EA	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.

A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6542	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6543	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6544	GRADIENT COMPRESSION STOCKING, GARTER	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.

	BELT				
A6549	GRADIENT COMPRESSION STOCKING, NOS	N/A	N/A	6 PER 12 M	CV for open venous stasis ulcer and lymphedema.
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	15	45	N/A	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	10	30	N/A	
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	1	N/A	N/A	
A7002	TUBING, USED WITH SUCTION PUMP, EACH	ICB	ICB	ICB	
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	2	6	N/A	
A7004	SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE	2	6	N/A	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	N/A	N/A	1 PER 6 M	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	1	3	NA	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	2	6	NA	
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	N/C	N/C	N/C	
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	N/C	N/C	N/C	
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME	NA	NA	3 PER 6 M	

	NEBULIZER, 100 FEET				
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	2	6	N/A	
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	2	6	N/A	
A7014	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NA	1	N/A	
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	1	3	N/A	
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	N/A	N/A	1 PER 6 M	
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	N/A	N/A	1 PER 12 M	
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	N/C	N/C	N/C	
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	N/A	N/A	1 PER 12 M	
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	N/A	N/A	1 PER 12 M	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	N/A	1	N/A	
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1	3	N/A	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE,	2	6	N/A	

	REPLACEMENT ONLY, EACH				
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	2	6	N/A	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	1	3	N/A	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	N/A	1 PER 6 M	
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	N/A	1 PER 6 M	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1	3	NA	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	2	6	NA	
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	N/A	N/A	1 PER 6 M	
A7040	ONE WAY CHEST DRAIN VALVE	ICB	ICB	ICB	
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	ICB	ICB	ICB	
A7042	IMPLANTED PLEURAL CATHETER, EACH	ICB	ICB	ICB	
A7043	VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	ICB	ICB	ICB	
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	ICB	ICB	ICB	
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR	ICB	ICB	ICB	

	POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY				
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	N/A	N/A	1 PER 6 M	
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	ICB	ICB	ICB	
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	ICB	ICB	ICB	
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	ICB	ICB	ICB	
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	ICB	ICB	ICB	
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	ICB	ICB	ICB	
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE, EACH	ICB	ICB	ICB	
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	ICB	ICB	ICB	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A	ICB	ICB	ICB	

	TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOME VALVE, EACH				
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOME HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	ICB	ICB	ICB	
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	ICB	ICB	ICB	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	ICB	ICB	ICB	
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	ICB	ICB	ICB	
A7523	TRACHEOSTOMA SHOWER PROTECTOR, EACH	ICB	ICB	ICB	
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	ICB	ICB	ICB	
A7525	TRACHEOSTOMY MASK, EACH	ICB	ICB	ICB	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	ICB	ICB	ICB	
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	ICB	ICB	ICB	
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	N/C	N/C	N/C	Safety helmets are not covered
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED,	N/C	N/C	N/C	Safety helmets are not covered

	INCLUDES ALL COMPONENTS AND ACCESSORIES				
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	N/C	N/C	N/C	Safety helmets are not covered
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	N/C	N/C	N/C	Safety helmets are not covered
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	N/C	N/C	N/C	Safety helmets are not covered
A9150	NONPRESCRIPTION DRUG	N/C	N/C	N/C	
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOS	N/C	N/C	N/C	
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, NOS	N/C	N/C	N/C	
A9180	PEDICULOSIS TREATMENT, TOPICAL, FOR ADMINISTRATION BY PATIENT/CARETAKER	N/C	N/C	N/C	
A9270	NON-COVERED ITEM OR SERVICE	N/C	N/C	N/C	
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	N/C	N/C	N/C	
A9279	MONITORING FEATURE, DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES	N/C	N/C	N/C	
A9280	ALERT OR ALARM DEVICE, NOS	N/C	N/C	N/C	
A9282	WIG, ANY TYPE, EACH	N/A	N/A	1 PER 12 M	Requires preauthorization; coverage limited to \$350 per calendar year for hair loss due to treatment as a result of cancer or leukemia
A9300	EXERCISE EQUIPMENT	N/C	N/C	N/C	
A9500	TECHNETIUM TC-99M TETROFOSMIN,	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services

	DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES				necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9505	THALLIUM TI-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIS	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code,

					radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.

A9516	IODINE I-123 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER 100 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S), THERAPEUTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and

					pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9528	IODINE I-131SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9530	IODINE I-131 SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and

					pharmaceutical stress agents are separately payable.
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9535	INJECTION, METHYLENE BLUE, 1 ML	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure,

	DOSE, UP TO 25 MILLICURIES				with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical

					stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9544	IODINE I- 131TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9545	IODINE I- 131TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9547	INDIUM IN-111	ICB	ICB	ICB	The descriptor for the procedure

	OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE				includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9552	FLUORODEOXYGLUCOS E F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The

					nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are

					separately payable.
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSEM, UP TO 25 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of

	MILLICURIES				radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9563	SODIUM PHOSPHATEP-32, THERAPEUTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9565	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the

					same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9600	STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLICURIE	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9605	SAMARIUM SM-153 LEXIDRONAMM, THERAPEUTIC, PER 50 MILLICURIES	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9698	NONRADIOACTIVE CONTRAST IMAGING	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services

	MATERIAL, NOS, PER STUDY				necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOS	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	ICB	ICB	ICB	The descriptor for the procedure includes reimbursement for all services necessary to accomplish the procedure, with the exception of radiopharmaceuticals and pharmaceutical stress agents. The nuclear medicine procedure code, radiopharmaceutical and pharmaceutical stress agent should be billed on the same claim; radiopharmaceuticals and pharmaceutical stress agents are separately payable.
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	N/C	N/C	N/C	
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	NSR	NSR	NSR	
A9999	MISCELLANEOUS SME SUPPLY OR ACCESSORY, NOS	N/C	N/C	N/C	